

Please Print Clearly

WARWICK CITY CLERK, WARWICK CITY HALL, 3275 POST ROAD, WARWICK, RI 02886

Application for a Certified Copy of a Birth Record

Please complete ALL items 1-5 below:

1. Fill in the information below for the person whose birth record you are requesting:

Full name at birth _____ Age now _____

New name if changed in court (excluding marriage) _____

Date of birth _____ City/town of birth _____

Mother's full maiden name _____

Father's full name _____

2. I am applying for the birth record of (complete one of the following):

☐ Myself ☐ My child ☐ My mother/father

☐ My Grandchild (parent of mother) ☐ My grandchild (parent of father) ☐ My brother/sister

☐ My client -- I'm a social worker. Name of my agency is _____

☐ My client -- I'm an attorney representing: _____

The name of the law firm is: _____

☐ Another person (specify your relationship): _____

3. Why do you need this record? (We ask this question so that we can supply you with a certified copy that will be suitable for your needs.)

☐ School ☐ License ☐ Vets benefits ☐ Social security ☐ Passport ☐ Foreign country

☐ Work ☐ WIC ☐ Welfare ☐ Other use (specify) _____

4. Copies cost: Full size copies are \$20.00 for the first copy and \$15.00 for additional copies of the same record ordered today.

☐ Full copy How many do you want? _____

5. I hereby state that the information supplied in item #2 above is true and that I am not in violation of Section 23-3-28 of the General Laws of RI (printed on the reverse side of this form).

Please sign _____
Signature of person completing this form date signed

Print your name _____

Print your address _____
Street or Mailing address City/Town State Zip Code

Print your phone number _____

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ATTACH PHOTOCOPY OF VALID GOVERNMENT ISSUED ID